1390: ASSESSING THE VALIDITY OF THE PCPT AND ERSPC RISK CALCULATORS FOR PROSTATE CANCER IN A COHORT OF THE POPULATION AT HIGHEST RISK OF PROSTATE CANCER IN EUROPE

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Introduction: Prostate Cancer is the most common non-cutaneous malignancy amongst men in developed nations. Prostate biopsy(TRUS-PBx) carries with it significant risks. Tools exist which assess the possible outcome of TRUS-PBx before exposing a patient to these risks. Our objective was to assess the predictive accuracy of the Prostate Cancer Prevention Trial Prostate Cancer Risk Calculator(PCPT-PCRC) and the European Randomized Study of Screening for Prostate Cancer Risk Calculator (ERSPC-RC) in a cohort from Ireland.

Methods: We prospectively collected relevant information on all men undergoing a TRUS prostate biopsy. Prostate cancer diagnosis risk and high grade disease risk were correlated with the final biopsy histological grade, and novel analytical techniques were utilised to assess clinical utility of these tools.

Results: Of 800 prostate biopsies, cancer was subsequently diagnosed in 392 (49%). Of these cancer diagnoses, 192 (24 %) had high grade disease. Correlation between Risk & PCPT-RC ERSPC-RC. Cancer diagnosis <0.05 <0.05. High Grade Disease Dx <0.05 <0.05

Conclusions: The PCPT-RC and the ERSPC-RC both demonstrate statistically significant prediction of both prostate cancer and high grade disease diagnoses in an Irish Cohort. Both models can be used accurately in this cohort. However following assessment the PCPT-RC demonstrates greater clinical utility in this cohort.

1408: SHOULD ACUTE PYELONEPHRITIS BE MANAGED UNDER UROLOGISTS?

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Aims: Pyelonephritis is traditionally managed under the care of physicians; however, in our institution it is managed primarily under urologists. We sought to assess the proportion of patients admitted with acute pyelonephritis requiring surgical intervention.

Methods: Prospective audit of all patients admitted with pyelonephritis or systemic infection of urinary tract origin over 7 weeks at a DGH. Data collected included demographics, laboratory and radiological investigations, and surgical intervention.

Results: 31 consecutive patients, with mean age 52 years (range 17-95), and F:M ratio of 2.6:1. 42% patients had an entirely normal urinary tract USS. 10 patients (32%) had evidence of hydronephrosis or an obstructed system on USS or CT, of which 5 had associated impairment of renal function. 7 patients (23%) required urgent invasive intervention (surgery, nephrostomy), all of whom had abnormal imaging and raised inflammatory markers; 4 also had deranged renal function. Average time to surgical intervention, from decision to operate, was 9.6 hours.

Conclusion: Acute pyelonephritis and severe urinary sepsis can have potentially serious complications, and may often require urgent invasive intervention. We recommend early urological input to facilitate adequate and timely surgical intervention where necessary. This should ensure optimal patient care and prevention of avoidable delays to treatment.

1417: TO ASSESS THE DIFFERENCES IN ONCOLOGICAL OUTCOMES OF PATIENTS WITH PT0 STAGE AFTER RADICAL CYSTECTOMY (RC) FOR UROTHELIAL CARCINOMA OF URINARY BLADDER WITH AND WITHOUT NEOADJUVANT CHEMOTHERAPY THERAPY (NAT)

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Introduction: NAT with RC is the standard of care for muscle invasive bladder tumour. It has been seen that patients with high stage have better outcomes with NAT. Oncological outcomes with and without NAT are not well known for patients with pT0. To throw more light on this subject we conducted a study on patients with pT0 disease.

Methods: Study cohort included patients from Jan 2006 to Sept 2012 who had pT0N0M0 stage after RC and these were divided into 2 groups on the basis of NAT. Progression free survival (PFS), overall survival (OS) were calculated and complications were recorded according to Clavian grading system.

Results: There were 30 patients in the study, 14 had NAT. Median age, hospital stay and follow-up were 64 years, 13 days and 31 months respectively. Complications occurred in 8 (26.6%), majority being grade 1 & 2 (16.6%). Higher rate of complications occurred in NAT group (35.7%) in comparison to non NAT group (18.75%). There were no deaths in either group. PFS were 92.85% and 93.75% in NAT group and non NAT group.

Conclusions: Morbidity and mortality of RC with and without neo adjuvant therapy was acceptable and OS and PFS were not different.

VASCULAR / ENDOVASCULAR SURGERY

0052: A STUDY OF SMOKING CESSATION IN VASCULAR PATIENTS: ARE WE DOING ENOUGH AND DOES IT MATTER?

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Purpose: Smoking is the leading risk factor for vascular disease, and therefore smoking cessation strategies are paramount in prevention and treatment of vascular disease. Our aim was to determine if smoking cessation advice and treatment was provided to all smoking vascular admissions, and its effectiveness.

Method: A telephone survey was performed for all vascular admissions, within a twelve month period, to ascertain if they were a smoker, if they received smoking cessation advice/treatment, their openness to this, and whether they subsequently quit smoking.

Results: Of the 310 admissions, 187 were available for interview. Of these, 50 (27%) were smokers and 137 (73%) were not. 26 (52%) of the smokers were given smoking cessation advice, and 24 of these were open to this advice, however only 6 (23%) were started on treatment. 7 (27%) of those given advice quit smoking, including 4 of the 6 given treatment. In comparison, only 3 of the 24 (12%) patients who did not receive advice/treatment actually quit.

Conclusion: Smoking cessation advice and treatment is a simple but effective means of improving prognosis and readmission rates. However, its provision is inadequate and ore aggressive strategies are needed.

0058: RISK OF UNDERLYING MALIGNANCY IN PATIENTS AGED 60 OR OVER WITH IDIOPATHIC VENOUS THROMBO-EMBOLISM MAY BE MUCH HIGHER THAN CURRENT DATA SUGGESTS

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Introduction: We investigated the risk of underlying malignancy in patients presenting with idiopathic venous thromboembolism (VTE).

Methods: A retrospective case control study into presentations of VTE to a single NHS Trust between 2005-2008 was conducted. All diagnoses of VTE were analysed, identifying cases of idiopathic VTE. Cases were compared to the regional cancer registry, identifying those subsequently diagnosed with malignancy after diagnosis of idiopathic VTE. Controls were age-sex matched from patients presenting with symptoms of VTE but negative duplex scan or venogram.

Results: 225 patients presented idiopathic VTE between 1st January 2005 and 31st December 2008. 16 (7.1%) were later diagnosed with malignancy, compared with 5 (2.2%) in controls (Odds ratio 3.36, P $=<0.05$). Of those in the VTE group aged 60 or over, 15 of 112 (13.4%) subsequently developed cancer vs 5 controls (OR 3, $p<0.5$). Mean case time to malignant diagnosis was 255 days.

Conclusions: Patients aged 60 or over presenting with idiopathic VTE have significantly higher risk of underlying malignancy than previously reported and should therefore undergo further detailed screening to look for occult malignancy.

0059: FAST-TRACK PATHWAYS IN THE MANAGEMENT OF DEEP VENOUS THROMBOSIS: MISSED OPPORTUNITIES IN CANCER DIAGNOSIS

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